V. S. No. 1 B. of OCCUPA-

1. PLACE OF DEATH	MARTEAND	OF BLATH 17937
County SAMEARI	J.	Registration Dist. No. 268
Village or City 27-6-00-6	(II	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos,ds
(a) Residence: No. 618 N	Would place of abode)	St., Ward. Balterin or Mark and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M. W.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH JUL 1 1 1935 (193) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rate are	rdrews)	22. I HERETY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	0 21 1855	I last saw h alive on, 19; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 4.30 p.m.
79 10 /	21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade/profession, or particular	1. 1	" (Valvulas hlav) - Oato of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last workad at this occupation (month and	unles	14:012
Industry or business In which work was dona, as SILK MILL.		allon (Mariony)
SAW MILL, BANK, etc	I Tatal time (many)	
this occupation (month and	II. Total tima (years) spant in this occupation	
) year)	1 / Carpation	Other Contributory Canado of importance:
12. BIRTHPLACE (city or town) - Claus fr	udge	In hathing on a very
(State or country)	y y and	hot day
II 13. NAME	The aserve	
13. NAME Aulian 14. BIRTHPLACE (city or town)	flasse GD	Name of operation Date of
(Stata of Country)	9 61	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Coligabits	& Sallaway	23. If death was dua to axternal causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	1. 60	Accident, suicide, or homicida? Oate of injury, 19
E (Stata or country)	Ma	Where did injury occur?
17. INFORMANT A 1 LT. LAS. (Address)	Judrene-	(Specify city or town, county and State) Specify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 /4.2	Manner of injury
Place 13 alluna 0a	ite suy 13, 1935	Nature of injury
19. UNDERTAKER SAME	Uran vid	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 21/4 12 , 19.35 - RN	ra Webster Registrar.	(Signed) (Address) (Address) (Address)
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	ul,5,1927	Peritonitis	3 days ago
. 8	5 9		
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

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(Address)

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Chronic interstitial nephritis AIG 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1		OF MARYLAND	-CERTIFICATE OF DEATH	7940
1. PLACE C			3)	1/1
	Inewall	<u> </u>	Registration Dist. No	61
Village or	City alala 1	14.0	No. St., (If death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length of re	sidence in city or town where	death occurredyrsr	osds. How long in U.S. if of foreign birth?yrs	
2. FULL NA	ME Stellfor	w Barece. ()	wayl.)	
(a) Reside	nce: No. 7/25	tover may	St., Ward.	
25222		(Usual place of abode)	If nonresident give city or town a	nd State
3, SEX		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Frede	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 5
5a. If marriad, wido	wed or divorced	Ry C	(Month) (Oay)	(Year)
HUSBAND of (or) WIFE of	Wed, of divorced	0	22. I HEREBY CERTIFY. That I attende	d dacaasad from
(0,7,000	and acco	•	, 19, to	
6. DATE OF BIRTH	(month, day, and year)	uly 22 1935	I last saw h alive on, 19	; death is said
	ars Months	Oays If LESS than	to have occurred on the data stated above, atm.	
3-m	7	ormin.	wera as follows:	Date of onset
8. Trade, prof.	ession, or particular work dona, as SPINNER,	nnes	Product of 3 moulton	
9. Industry or	R, BODKKEEPER, etc	11000	amajlous	
work w	as done, as SILK MILL, ILL, BANK, atc			
ID. Date dacaa	sed last worked at upation (month and	II. Total time (years) spent in this occupation		
12. BIRTHPLACE (c)		0	Other Contributory Causes of importance:	
1	hor list	و		
Ξ	200		Name of a series	
	E (city or town)??\L.de r country)	,	Neme of operation Oate of	
IS. MAIDEN N	AME Bear	Bereio	What test confirmed diagnosis?	
15. MAIOEN N.	E (city or town)	40	Accidant, suicide, or homicide?	
∑ (State o	r country)		Whare did injury occur?	
17. INFORMANT	Berni B	areus	(Specify city or town, county and Si Spacify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC F	ate) LAGE.
(Addrass) 18. BURIAL, CREMA	TION OF PEMOVAL			
Place 2.10	me Turying	Poste 7/2/31935	Mannar of Injury	
	00 111	Durchan	Nature of injury	
19. UNDERTAKER (Addrass)	enven	est mes (SIII)	24. Was disease or Injury In any way related to occupation of dacaased?	
71	2 250	0: 0 6	(Signat) Leo C Culliur	μ Λ
20. FILED	, 192 Ju	Registrar.	(Addrass) marin ma	M. U.
+	If more	blanks are needed address State Perists		

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Chronic interstitial nephritis V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4. COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

Months

(Usual place of abode)

5. SINGLE, MARRIED, WIDOWED

11. Total time (years)

spent in this occupation __

OR DIVORCED (write the word)

If LESS than

1 day,hrs.

or____min.

(a) Residence: No.

5e. If married, widowed, or divorced HUSBANO of

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular

5. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

13. NAME

17. INFORMANT

19. UNOFRTAKER (Address)

20. FILED.

(Address)

this occupation (month and

kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc ...

(or)-WIFE OF

3. SEX

7. AGE

LION

FATHER

MOTHER

Registration Dist. No.

No. St.,

(If death occurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?_____yrs.____mos. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Year) CERTIFY, That I attended deceased from to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset Other Contributary Causes of importance: Name of operation. What test confirmed dlagnosis?_ Was there an eutopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Oate of injury______, 19. Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury. 24. Wes disease or injury in any way related to occupation of deceased? if so, specify

certificate. back instructions See plain important CAUSE OF DEATH pe plnods very NOIL

> Registrar. (Address)

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The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 17942
1. PLACE OF DEATH	53.6)
County Domerset	Registration Dist. No. 268
Village or City 6 homes ml	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Gra Beckett	· If U.S. Veteran specify WAR.
(a) Residence: No. 6 home and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25, 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Lev Bichell	22. I HEREBY CERTIFY. That I ettended deceased from 19.35 to 19.35
6. DATE OF BIRTH (month, day, end year) Africa 10 1889	I last saw h er alive on Scalar 125/1985: death is said
7. AGE Years Months / Deys If LESS than	to have occurred on the date steted above, at
46 3 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or perticular	Deta of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coremona & bladder Dec 193
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
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year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 6 brance and (State or country)	Outer Controllery Causes of Importance.
I 13. NAME of high	
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(State of country)	What test confirmed diagnosis? Was there an autopsy?
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Place O have my Date July 25, 1935	Nature of injury
19. UNDERTAKER TIZE & I Stillster (Address) Seals loland me	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 23, 1935 - Rosa Welster Registrar.	(Signed) M.D. (Address) New M.D.
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S.	Jaly 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be pe CAUSE OF DEATH in plain terms, so that it may

1. PLACE OF DEATH	
8 4	(107-01)
County Donald	Registration Dist. No
Village or City Museum	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredyrs,	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & Crown Educa	Brolm:
(a) Residence: No. Mun Miles (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
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3 /3 I day,h	were se follows.
8 Trade profession or particular	Date of onset
SAWYER, BUUKKEEPER, etc.	tout to The
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate decaased last workad at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) DDD (State or country)	Other Contributory Causes of Importance: Description of Descripti
	- coded lay a severe colds not as complication as
13. NAME / Partie / State of country	signela of some other disease. Sweet
4. BIRTHPLACE (city or town)	Name of operation
(State of country)	What tast confirmed diagnosis?
15. MAIDEN NAME Milyn. Mulsly	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Volyn. Browsley 16. BIRTHPLACE (city or town). 2000	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Porteit Bridge (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Mannar of Injury
Place January Williams Oate 13. 193	Natura of injury
19. UNDERTAKER Dels Medical Chinacy (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 7/3 193V Gentles Position	If so, specify (Signad) on the Charles (Signad) M. D.
Registrar.	(Address) Dr. C. Jan. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: CEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephrilis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFALL V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	111111
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

sho of (Village or Cit	y_
NS NS		Length of resid	anc
CIA	2	. FULL NAM	16
PHYSICIANS ct statement		(a) Residenc	e:
62	and	PERSON	٩L
Y. Ex	3, 3	SEX	4.
L'a	_	F	
X A C T L classified.	5a.	If marriad, widowe HUSBAND of (or) WIFE of	d, (
E X cl.	6	DATE OF BIRTH (r	non
	-	AGE Year	
stated proper certifica		35	
be of	NOI	8. Trade, profess kind of we SAWYER,	rk
	PAT	9 Industry or b	
should it may on back	2	SAW MILL 10. Date dacaase	, B
AGE sh that it ions on	ŏ	this occup	
so the	12.	BIRTHPLACE (city	or
ed.	_	(State or count	ry)
ppli erm inst	HER	13. NAME	
sur vin to See	FATHER	14. BIRTHPLACE	
ully pla t.	HER	15. MAIDEN NAM	
ld be carefull. DEATH in pl. y important.	MOTH	16. BIRTHPLACE	(cit
mation should be carefully supplied CAUSE OF DEATH in plain terms, TION is very important. See instru	17.	INFORMANT	
shou OF	18.	BURIAL, CREMALI	ON
SE s		Placa	<u></u> .
mation s CAUSE TION is	19.	UNDERTAKER	1

1. PLACE OF DEATH		(25)			
County DOMET DEC	LICE ALL LINE	178 GF	Registration Di	ist. No. 2	65-
Village or City Crisfield		No		St.,	War
Length of residanca in city or town where death occurred		death occurred in a hospital or institu			
2. FULL NAME Burnice E Char	rniek				
(a) Residence: No. Maryland Ave		St., Ward.			
(Usual place of a	bode)			ve city or town a	nd State
PERSONAL AND STATISTICAL PARTICU			ERTIFICATE	OF DEATH	
S. SEX 4. COLOR OR RACE OR DIVORCED (a MARRIEI OR DIVORCED (a MARRIE	write the word)	21. DATE OF DEATH	July (Month)	26	, 193.5 (Yaar)
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Edward Lee Chai	rnick	22. I HEREBY	CERTIEY	. That I attende	ed decassed fro
DATE OF BIRTH (month, day, and year) Dec 31 18	399	last saw here alive on	Ane	2 4 19 3	5 ; daath is si
. AGE Years Months Days 35 6 25 1	If LESS than l day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEA		Am.	
8 Trade profession or particular	ormin.	ware as follows:			Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc					
SAWYER BOOKKEEPER atc. Housewife		I come del.	Ixent.		
SAWYER, BOOKKEEPER, atc		acre del	Trent.		
SAWYER, BOOKKEPER, atc		Cione Del.	Treat.		
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	(yaars) 1 this	ace de	great.		
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	(yaars) 1 this				
y Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	(yaars) n this ion	Other Contributors Causes of imp		and the same	mith
2 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	(yaars) n this ion	Other Contributors Causes of imp	ortanca:	- And	noth
y Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	(yaars) n this ion	Other Contributory Causes of imp	ortanca:	- Annie	not be
2 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last workad at this occupation (month and year). 2. BIRTHPLACE (city or town)	(yaars) 1 this Ion	Other Contributory Causes of imp	ordanca: iiuliruu	Date of	
y Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last workad at this occupation (month and year). 2. BIRTHPLACE (city or town)	(yaars) 1 this ion	Other Contributors Causes of imp	ortanca: //whresh	Date of	n autopsy?
y Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last workad at this occupation (month and year). 2. BIRTHPLACE (city or town)	(yaars) 1 this ion	Other Contributors Causes of imp	orianca: where wher	Date of Was thara ar	n autopsy? ing:
y Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last workad at this occupation (month and year)	(yaars) this ion	Name of operation. What tast confirmed diagnosis? 23. If death was due to external car Accidant, sulcida, or homicide?	octanca: incher sure une sure sure sure sure sure sure sure sur	Date of Was thara ar	n autopsy? ing:
2 Modustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked at this occupation (month and year)	(yaars) this ion Md	Name of operation	ordanca: iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Date of Date o	n autopsy?
2. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. BIRTHPLACE (city or town) (State or country) 19. MAIDEN NAME 19. BIRTHPLACE (city or town) (State or country) 10. Date dacaased last worked at this occupation (month and 2 yrs 11. Total tima spent in spent	(yaars) this ion Md	Name of operation. What tast confirmed diagnosis? 23. If death was due to external car Accidant, sulcida, or homicide?	ordanca: iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Date of Date o	n autopsy? ing:, 19
2 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked at this occupation (month and year) 2. BIRTHPLACE (city or town) Crisfield (State or country) 13. NAME Gardnere Butler 14. BIRTHPLACE (city or town) Westover (State or country) 15. MAIDEN NAME Arintha Parker 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) Modern Country) 17. MAIDEN NAME Arintha Parker 18. BIRTHPLACE (city or town) Modern Country) 19. Maiden Name Arintha Parker 19. BIRTHPLACE (city or town) Modern Country) 19. BIRTHPLACE (city or town) Modern Country) 19. BIRTHPLACE (city or town) Modern Country) 19. BIRTHPLACE (city or town) Modern Country) Modern Country)	(yaars) this ion Md	Other Contributors Causes of important of operation. What tast confirmed diagnosis? 23. If death was due to external cat Accidant, sulcida, or homicide? Whare did injury occur? Specify whether injury occurred in Manner of injury	uses (VIOL ENCE) fill I (Specify city or to n INDUSTRY, In HOM	Date of the following te of injury	n autopsy? ing: , 19 tate) PLACE.
2. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 8. BURIAL, CREMAIION, OR REMOVAL Placa Placa 19. Mainle Miller 10. Date dacaased last workad at this occupation (month and 2 yrs appent in spent in sp	(yaars) this ion Md	Other Contributors Causes of imp Name of operation What tast confirmed diagnosis? 23. If death was due to external cat Accidant, sulcida, or homicide? Whare did injury occur? Specify whether injury occurred i Manner of injury Nature of injury	orlanca: Inchrence Uses (VIOL ENCE) fill i Ospecify city or to n INDUSTRY, in HOM	Date of the following the of injury	n autopsy? ing: , 19 rtate) PLACE.
2. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 8. BURIAL, CREMAIION, OR REMOVAL Placa 9. UNDERTAKER 18. MILL, SAW MILL,	(yaars) this ion Md	Other Contributory Causes of imputation Name of operation What tast confirmed diagnosis? 23. If death was due to external cat Accidant, sulcida, or homicide? Whare did injury occur? Specify whether injury occurred i Manner of injury Nature of injury 24. Was disaase or injury in any w	orlanca: Inchrence Uses (VIOL ENCE) fill i Ospecify city or to n INDUSTRY, in HOM	Date of the following the of injury	n autopsy? ing: , 19 rtate) PLACE.
2. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 8. BURIAL, CREMAIION, OR REMOVAL Placa Placa 19. Mainle Miller 10. Date dacaased last workad at this occupation (month and 2 yrs appent in spent in sp	(yaars) this ion Md	Other Contributors Causes of imp Name of operation What tast confirmed diagnosis? 23. If death was due to external cat Accidant, sulcida, or homicide? Whare did injury occur? Specify whether injury occurred i Manner of injury Nature of injury	orlanca: Inchrence Uses (VIOL ENCE) fill i Ospecify city or to n INDUSTRY, in HOM	Date of the following the of injury	n aulopsy? ing:, 19 vate) PLACE.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Alic 7 1035	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage RUPFAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 1/1840
1. PLACE OF DEATH	(23)
County Somuset	Registration Dist. No.
Village or City Masson Driv.	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
411 . 22	/
2. FULL NAME Hossis Column	7
(a) Residence: No. The asset (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fund 6. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yasr)
5a. If married, widowed, or divorced HUSBAND-of (or) WIFE of Olgy; Cluuch	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sandy 9/3.	I last saw h 12 aliva on long 29 19 95; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
22 6. 9, 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows:
8 Trade profession or particular	and as follows. Date of one of
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last worked at this occupation (month and	
10. Date decaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Canses of Importance: Out 19
	Intercular officer Anda Ay
13. NAME Lace (city or town) . M. d	Name of operation. Ohr can down Date of la 123 What test confirmed diagnosis? Usual Was there an au'opsy?
15. MAIDEN NAME Edith Johnson.	23. If death was due to externat causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Edith Johnson 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide? Date of injury,19
17. INFORMANT algor Clurch (Address) Transmon md.	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place debrury Generaling Date Aug 1 , 19 35	Nature of injury
19. UNDERTAKER Chas H Word (Address)	24. Was disaasa or injury in any way related to occupation of dacaasad?
20. FILED 8/1 , 193 T Gurelia Brains	(Signad) Luga Coultnum M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

07615

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEV 8 1999	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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The principal cause of death and related cause of importance were as follows:	Deta of one t	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	13921 A	Kyn over by street car	1 week ago
Cerebral hemorrhage	July 1927	3 Heric nitis	3 days ago
14	A 3		
Other contributory causes of importance:	13	Other contributory causes of importance:	
Gallstones	Ma, 1, 100	Gastroenteritis	1 year

07947

	(8)	,
	Registration Dist. No. 7	01
	chockettered MA St.,	
0 11	ins	
	St., Ward. If nonresident give city or town and	d State
	MEDICAL CERTIFICATE OF DEATH	
WED, vord)	21. DATE OF DEATH (Month) (Day)	, 193. 5- (Year)
RSA than hrs. nin.	22. I HEREBY CERTIFY. That I affended i last saw how alive on to have occurred on the date stated above at 200 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	dacassed from 1935 ; dasth is said
2	Scarlet Fluer	7/6/35
	Other Contributory Causes of importanca:	7930
4	Name of operation	g: , 19
1935	Menner of injury Nature of injury 24. Was disaasa or injury in any way related to occupation of dacaased? If so, specify	uo
Cou	(Signad) Glane I. Cultonno	M.D.

V. S. No.

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11	Example I	= =	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onest	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 8 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Same and the same		1		
Other contributory cau	ses of importance:	27.700	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		71.5		

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE	OF	MADVI	AND-	-CFRT	IFICA	TF	OF	DEATI
SIAIL		INICAL	AIVL	CLIL				DLAII

0201	N
1 1 4 6	177
116 177	

1. PLACE OF DEATH County Somerset	21TU V 2 2	Registration Dist. No. J 65
Village or CityCrisfie		No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Charlatto	eath occurradyrs,8mo	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME ALICE	Douglas treet	O. Wash
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH 19, 193,5 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of None		22. I HEREBY CERTIFY, Thet I attended deceased Irom
6. DATE OF BIRTH (month, day, and year)	9-30-34	1 last saw h & alive on July 0 , 19.35; daath is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	was as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None	Brullain Dysentery June 30
A Hade, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
10. Date daceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Cris	sfield Md	Other Coutributory Causes ol importance:
	819	
13. NAME Princeton 14. BIRTHPLACE (city or town) (State or country)	sfield Md	Name of operation Dete of State of Stat
15. MAIDEN NAME LOUISE	Monroe	What test confirmed diagnosis? Was there an autopsy? 223. If death was due to external causes (VIOL ENCE) fill in elso the lollowing:
15. MAIDEN NAME LOUISE 16. BIRTHPLACE (city or town)	Va	Accidant, suicide, or homicide?
17. INFORMANT Princeton (Address) Cris	Douglas field Md	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL LAWSO NIA Cem	Data July 20 1935	Manner ol injury
19. UNDERTAKER John a Crist	Bradatian	24. Was disease or injury In any way ralated to occupation of dacaased? <i>CNR</i> If so, specify
20. FILED July 2019 35 6	Elgallin Registrar	(Signad) S. M. D. Ruy for M. D. (Address) Cris Feld M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		L	1	

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY PHYSICIAN
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V. S. No. 1 N. B.—I

1. PLACE OF DEATH Somerset	Registration Dist. No. 265
Village or City Cussial	No. St., Ward St., ward St. S
Length of residence in city or town where death occurred life frame mo	
2. FULL NAME Mary W. Ellion	A
V A A C	Ch. Ward
(a) Residence: No. 7 Degarder (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX J. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Amonth (Day) (Year)
HUSBAND of Page 1	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of James Ellest.	- October 1934 to Sele 5 1934
DATE OF BIRTH (month, dey, end year) March 16th 1868	I last saw help elive on Jacks 4 1935; deeth is sai
AGE Yeers Months Deys If LESS than	to heve occurred on the dete stated above, et 2.45 A.m.
67 3 19 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8. Trede, profession, or perticular	Data of once
kind of work done, es SPINNER, House Reaple	Convelsione lille
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	9.77
10. Date deceased last worked et 11. Totel time (years)	
this occupetion (month and spent in this occupetion	
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stete or country) Somewall Top. Ma.	
13. NAME Wesley Dirac	
13. NAME Wesley Dinge 14. BIRTHPLACE (city or town) After the second of the second o	Neme of operation Dete of
(State or country)	Whet test confirmed diagnosis? [westhere en eulopsy? M)
15. MAIDEN NAME ansue Evans	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CANSILE ENTERINS 16. BIRTHPLACE (city or town) And	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?
7. INFORMANT Mrs. C. C. Shines and Marchael Marc	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Surficed Coulding Dete July 7, 1935	Nature of Injury
9. UNDERTAKER I DE L'AUSON RON, (Address) Cui tield Md.	24. Was disease or injury in any way releted to occupation of deceased?
0. FILED July 6, 1935 / 6 & le alling. Registrat.	(Signed) M. (Address) Usia Lu II M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RI FAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MA	ARYLAND-	CERTIFICAT	E OF	DEATH
-------------	----------	------------	------	-------

County	Somerset				Registration Dist. No.	0
Village or Cit	y Crisf	ield	1 , B.T.	D. J. L	No. St., 'death pacurred in a hospital or institution, give its NAME instead of street and i	Wai
Length of resid	ence In city or town	where dea	th occurred	yrs,mos		
2. FULL NAM	ne Mar		Ed Lee			
(a) Residence	e: No	Byrd	town R		St., Ward.	
PERCON	A AND CTA	TICTIC	(Usual place		If nonresident give city or town and	State
3. SEX	AL AND STA	on 1.		nien wilhawith	MEDICAL CERTIFICATE OF DEATH	
M	W		SINGTE	D (write the word)	(Manth) (Ode)	, 193.5
5a. If married, widowe HUSBAND of	d, or divorced					(Year)
(or) WIFE of			None		22. I HEREBY CERTIFY, That I attended	deceased for
s. DATE OF BIRTH (n	nonth day and year		Pont #	1934	last saw h alive on Aug 14 1983	, 19.V.
. AGE Years			Sept 7	If LESS than	to have occurred on the date stated above, at 3 50/km.	., death is .
	1	0	7	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profess	ion, or particular			1 01222	note as futions.	Oate of on
	ork done, as SPINN BOOKKEEPER, etc.		-None-		acut Die 7 Kent	lass
9. Industry or b	usiness in which done, as SILK MILI , BANK, etc	,			0	
10. Oate deceased			11. Total ti	ime (years) nt in this		
year)			OGOL	petion	Other Contributory Canses of importance:	
12. BIRTHPLACE (city	or town)	risf	ield	-Md		- 2
(State or count	ry)				Torrello Greennie	1910
E 13. NAME	Martin	For			, , ,	
14. BIRTHPLACE			Rumbly	Md	Name of operation Date of	
	.,	ta B	vrd	IVIC	What test confirmed diagnosis? Was there an a	
				sfield	23. If death wes due to external causes (VIOL ENCE) fill In also the following	
16. BIRTHPLACE	(city or town) country)			Mq	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT	Meta	For			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACF.
(Address)			Byrdto	own Md		
18. BURIAL, CREMATI	ar 9 5		102111		Manner of injury	
PlacesA8	bury Cer	eter	Pate	uly 15 -	5 Stature of injury	
19. UNOERTAKER	15 mi	16	200	dostran	24. Was disease or injury in any wey related to occupetion of deceased?	
(Address)	· · ·	1/	1 1		If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
	f inf	l st	CUE	7
	10 m	onlo	00	/1
	ite	S	Jo	i
	rery	ANS	ent	
	E.	ICL	tem	
	RD	IXS	sts	
	EC	PI	xact	
	TR	Y.	É	
	EN	TL	ied.	
	IAN	AC	Issif	
	ERN	EX	cla	e.
	I P	[pa	erly	icat
	IS	stati	prop	ertii
	SII	pe	pe]	of c
	-TE	pla	ay	ıck
	VK-	sho	it m	n ba
	II	GE	hat	us o
	NIC	A	so ti	ction
	FAI	ied.	ms,	stru
E	NO	lddn	teri	e in
)	LH	V S	lain	Se
	WI	eful	in p	ant.
	LY,	car	LH	orts
	Z	be	EA	imp
	PLA	pluo	FD	ery
	E	sh	E O	is v
	/RII	tion	CO	NO
	=	ma	3	TION is very important. See instructions on back of certificate.
	0.0		1	

STATE OF MARYLAND	CERTIFICATE OF DEATH 07951
1. PLACE OF DEATH	48
County Somesset Co.	Registration Dist. No. 26 8
Village or City Princess anne md.	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?ms
2. FULL NAME Grace De roues.	
	O4
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temale White Married Married	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Day) (Year)
HUSBAND of (or) WIFE of GRAND GRAND GRAND.	22. I HEREBUCER THEY, That I attended deceased from
Dag 25 1885	1935 to 742 09 1935
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than	I lest saw h
119 119 1 1 1 1 1 day,hrs.	to heve occurred on the date dated above atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, A ofession, or particular	were as follows:
NING of work done, as SPINNER, Jousewill	allengue y ref
9. Industry or business in which	- Cerving Ta
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) york Pa.	Dther Contributory Causes of Importance a
(State or country) Pennsylvania	- Collinson
13. NAME COCOL Winter	
13. NAME COCO Winter 14. BIRTHPLACE (city or town) 1 pm. Pa.	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Emerses	23. If death was due to external causes (VJOQENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 45th County (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT harles E. Loyd. (Address) York Pa.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place your Jenney W Date MW 4 3, 19 35	Nature of injury
19 UNDERTAKER Dale Dashell	24. Was disease or injury in any related to occupation of deceased?
(Address) Princess anny Try	If so, specify
20. FILED JULY 11 , 1931 - 9 June Registrar.	(Signed)
If more higher are needed address State Penistran	24 v. N. Chayler Street Baltimore Provention 71 C. No

V. S. No. 1

N. B.-WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

1. PLACE OF DEATH	OF MARTLAND	CERTIFICATE OF DEATH	7953
- 1 chan	01/-	Registration Dist. No.	250
Village or City T	and who I	Who st	Ward
	-	f death occurred in a hospital or institution, give its NAME instead of street and	namber)
Length of residence locity or town where	death occurredfsmos	ds How long In U.S. if of foreign birth?yrsI	mos
2. FULL NAME	o la dec		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town an	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX A. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attende	d deceased from
A DATE OF SIDE OF	na 2 3N 192	Klast saw here 'alive on 30 day 3	death is sai
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 4 3 9 m.	,
10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	11/10		
	a voice	Dear Vetis	Just.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			d'and
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent In this occupation		
year)	Os:apation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	and.	Mala Jardia	20 6
13. NAME Clivard	Lei		
14. BIRTHPLACE (city or town)	llumory	Name of operation Date of	
(State of country)	md	What test confirmed diagnosis? Was there are	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	ie lussy	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	nesset of	Accident, suicide, or homicide? Date of injury	, 19
State or country)	a my	Where did injury occur?(Specify city or town, county and St	tate)
17. INFDRMANT (Address)	comore aline	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LAUE.
18. BURIAL, CREMATION, DR REMOVAL	1 00 3	Manner of injury	
Place Chust M. E. Chus	de Date July 3, 1935	Nature of injury),
19. UNDERTAKER Ballud	Bios.	24. Was disease or injury by any way related to occupation of deceased?	No
(Address) Q ocample	city my.	If so, specify	
20. FILED July 2 19.35 My	a. S. L. D. Sest	(Signed)	, M.
	Registrar.	(Address)	7

ARGIN RESERVED FOR BINDING

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E	xample I	H	Example II		
The principal cause of dea of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DECEIDE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	The state of the s	1921	Run over by street car	1 week ago	
Cerebral hemorrhage -	JUL 5 1686	July 5,1927	Peritonitis	3 days ago	
	HUSEAU				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	FURTHER ST	FATEMENTS	BY	PHYSICIAN
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BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	in the second	Example II	
The principal cause of death and related causes of importance were as follows CEIVED	ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ANG 8 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0795	1
1. PLACE OF DEATH	(28)	
County Somerset	Registration Dist. No. 2-68	
Village or City beals Island w	1	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)	
60. 2.00	ds. How long in U.S. if of foreign birth?yrsmos	as.
2. FULL NAME COLOR SILOAUS	If U.S. Yeteran specify WAR.	
(a) Residence: No. Decelo Pland un	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SHNGE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	5
5a. If married, widowad, or divorced	(Mghth) (Day) (Yee	r)
HUSBAND of Genera Millourne	22. I HEREBY CERTIFY, That I attended deceased May 19.35 to July 31 19	from 35
6. DATE OF BIRTH (month, day, and year) March 14-1887	I last saw h	s said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1. Si300m.	5 5010
48 4 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
8. Trade, profession, or perticular kind of work done, as SPINNER,	Date of c	onset
SAWYER, BOOKKEEPER, etc.	Pelmonoger Interculary May	1935
9. Industry or business in which work was done, as SILK MILL, MURCHANN		
10. Date deceased last worked at this occupation (month end year)		
12. BIRTHPLACE (city or town) Deals Islaml	Other Contributory Causes of Importance:	
(State or country) md		
13. NAME Jeben milbourn		
14. BIRTHPLACE (city or town) Deals Island	Name of operation Date of	-An
(State or country)	What test confirmed diegnosis? Was there an eutopsy?_	1.10
15. MAIDEN NAME Margaret any	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Ste alo Jolan &	Accident, suicide, or homicide? Date of injury, 19	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT. Mornie Milbourn (Address) Deals Island	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Deals Island Date Wing 7 , 1935	Nature of injury	
19. UNDERTAKER TORD & Stebsler (Address) Deals Island ml	24. Was disease or injucy in any way related to occupation of deceased?	
20. FILED aug 2., 1935 - Rosa, Webter Registrar.	(Signed) (Address) Seula Plan 3711	M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	_

V. S. No. 1

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 133	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	- 1921	Run over by street car	1 week ago
Cerebral hemorrhage SIIREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		-1-10 KS 10 10 - 1 - 1 - 1	

infor-	state	UPA.	
Jo	plu	00	
tem	shor	0 Jo	
UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	upplied. AGE should be stated EXACTLY. PHYSICIANS should state	terms, so that it may be properly classified. Exact statement of OCCUPA-e instructions on back of certificate.	
RD.	YSI	sta	
RECO	PH	Sxact	
T	Y.	-	
NEN	CTI	sified.	*
SM.	XA	clas	
E	函	y tte.	
S A I	tated	terms, so that it may be properly e instructions on back of certificate.	
S	92	f c	
LH	d b	y b	
NK	shoul	it ma n bac	
H	GE.	hat 18 0	
NI	A	tion	
AD	ed.	is, s	
UNE	uppli	term e ins	

CAUSE OF DEATH in plain TION is very important.

B.-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 1	6	7	(1	Dir.	7	
-)	6	U	U	Ŷ	3

-	County	Somerset		RICARCE NIMLIR	n : , , , n : , , , T	-65-
	Village or	Crisfie	10		Al-	
			death occurred	yrs 3 (II	No. St. St. death occurred in a horpital or institution, give its NAME instead of street 2.0 ds. How long in U.S. if of foreign birth?yrs	ward number) mosds.
2		AME Raymon	d E Mil street		St., Ward. If nonresident give city or town	and State
eti-min	PERSOI	NAL AND STATIST			MEDICAL CERTIFICATE OF DEAT	
3, 5	SEX M	4. COLOR OR RACE	5. SINGLE, MA OR DIVORCE S 11	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH	, 1935 (Yaar)
5a.	If married, wido HUSBAND of (or) WIFE of	wad, or divorced	ıe		22. I HEREBY CERTIFY, That I atte	
6. 1	DATE OF BIRTH	(month, day, and year)	March	26 1935	I last saw h MM alive on My 5	35; death is said
7. /	AGE Ye	eers 3 Months	20 Pays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at7_200 Rm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Oate of onset
ATION	kind of SAWYEI	assion, or particular work done, as SPINNER, R, BOOKKEEPER, etc business In which	None		Colitio	
OCCUPATION	Work was SAW MI	as done, as SILK MILL, ILL, BANK, etcesed last worked at supation (month and	11. Totel	tima (years) entin this		****
	year) BIRTHPLACE (c	city or town) Cr	isfield	cupetion	Other Coutributary Causes of Importance:	
۳	(State or cou		d Miles	Md	mal) Lubrition	
FATHER	14. BIRTHPLAC		pewell Md		Name of operation Date What test confirmed diagnosis? Was there	
MOTHER	15. MAIDEN N	AML	Horsey Crisfi	eld	23. If death was due to axternal causes (VIOLENCE) fill In also the folk Accident, suicide, or homicide?	owing:
			1//[d	Where did Injury occur? (Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLI	State) C PLACE.
18.	BURIAL, CREMA Place	Tion, or REMOVAL Lawsonia Cem	Part In	ly 18,135	Manner of injury	
19.	UNOERTAKER (Address)		Brace	Ishaw	24. Wes disease or injury in any way ralated to occupation of deceased	
¥0.	FILED JW	417,1955	66 lea	eling Registrar.	(Signed) (Craful)	

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows: CEIVEL	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis , 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			25.18
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الــــــا		

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	R BINDING	A PERMANENT RECORD. Every item of infor-	ted EXACTLY. PHYSICIANS should state	perly classified. Exact statement of OCCUPA-	ificate.
E ON N	RGIN RESERVED FO	TE PLAINLY, WITH UNFADING INK-THIS IS	should be carefully supplied. AGE should be sta	E OF DEATH in plain terms, so that it may be pro	is very important. See instructions on back of cert

N. B.—WRITE

1	. PLACE OF	DEATH	OF MAR	YLAND—	CERTIFICATE OF	DEATH	7936
	County	Somerset			Reg	gistration Dist. No. 2	61
	Village or Cit	y Marion			No	St.,	Ward
	Laneth of social		6	I	death occurred in a hospital or institution, giv		
				yrs,mos	ds. How long in U.S. if of foralgr	1 DIFTO?yrs,	.mosas.
2	. FULL NAM	_	m Outen				
	(a) Residence	e: No. Farm			St., Ward.		
man	PERSONA	AL AND STATIST	(Usual place			nonresident give city or town a	The state of the s
3	SEX	4. COLOR OR RACE		RIED. WIDOWED.	21. DATE OF DEATH	TICATE OF BEATH	
	M	Col		D (write tha word)	July (Month	(h) (Day)	, 193 <u>5</u> -
5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divorced Eli	za Outer	1		RTIFY, That I attende	
		N	ot Known	1 1871	1935	e 5 19 7	1985
-	AGE Yaars	nonth, day, and yaar) s Months	Days	I If LESS than	to have occurred on the date stated above.	111.16)	2; death is said
***	All All	Mondis	Days	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and r		
-	64	ion or particular	73	l ormin.	were as follows:		Date of onset
ON	kind of wo	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			acul tre of h	1	
OCCUPATION	Industry or b	usiness in which			Received Horse		her &
	SAW MILL	dona, as SILK MILL, , BANK, atc	er			7	
Ö	10. Date dacaased this occupa year)	ation (month and 193	OCOL	ime (years) nt in this upetion			
	PIDELIDI LOU (-'IL	Mari	_		Other Contributory Causes of Importance:	Chung	
IZ.	(State or count	or town) ry)			Clare Sul week		
23	13. NAME	Henry O	uten		Class myses		
FATHER	LA DIDTUDI ACE		rion		Name of operation		
FA	(Stata or c	()	D.U.		Whet test confirmed diegnosis?		
ER	15. MAIDEN NAM	E Harri	et Handy	<i>y</i>	23. If daath was due to external causas (VIC		
MOTHER	16. BIRTHPLACE (Marion		Accident, suicide, or homicide?		273459.
×	(State or o	city of towny	Mo		Where did injury occur?		
17.	.INFORMANT (Addrass)		ten arion N	rd.	(Spe Specify whether injury occurred in INDUS	ecify city or town, county and S STRY, In HOME, or In PUBLIC	tate) PLACE.
18.	BURIAL, CREMATIC	ON, OR REMOVAL		11y 11, 3	Mannar of injury		
19.	UNDERTAKER	ohn a B.	udsh	an-	24. Was disaasa or injury in any way ralate		
20.	FILED 71	11 ,1350 jur	cleabo	Registrar.	(Signed) Avorge (Addrass) Juano	orethur-	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
T 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state Exact statement of OCCUPA. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

ż

item of infor-

1. PLACE OF DEATH	&
County Domerset	Registration Dist. No. 260
Village or City Denton	No. St., Walded to death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Janiel Moscoe Mos	· K
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Luly 6
5a. If married widowed, or divorced HUSBAN of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
-1. 6 124-	144 0 7 ,1935,10 26/4 0 ,1934
6. DATE OF BIRTH (month, day, and year)	i lest sawh. alive on 110000 (, 19; death is sa
1 day,hrs.	to have occurred on the date stated above, at845_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
	Otillborn Intent
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	-
- two occupation (month and 2hant in ting	200
year) occupation	Other Contributory Canses of Importence:
12. BIRTHPLACE (city or town).	
(State or country) Mary and	
13. NAME Albert Promas Poud	
14. BIRTHPLACE (city or town) Onto	Name of operation Date of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Puchet & Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Contou	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Albert 18 mas 19 oct	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ocaton 18. BURIAL, CREMATION, OR REMOVAL	
Place Perstan Date 2+8 1935	Manner of injury
19. UNDERTAKER William 11 Agrico	Nature of injury 24. Wes disaase or injury in any wey related to occupation of decoased?
20. FILED July 7, 19.35 James	(Signad) Oldow A. Rikoman M.
1 miles	(Address) Preusop Deve - 18

AMORE

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County doment	Registration Dist. No. 26 9
Village or Qity Peneline	36
	NO. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yes those	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME REL	ek.
(a) Residence: No (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 289 1935
5a If married widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cock	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 29,1861	I last saw h. / M alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
73 6 2.9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	·
9. Industry or business in which	nepleselis chronic 3
work was done, as SILK MILL, SAW MILL, BANK, etc	Question : Unb man &
Dake deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Princes Gine	Other Contributory Canses of Importance:
(State or country)	C 1/34
13. NAME William Rock	
14. BIRTHPLACE (city or town) Princess anne	Name of operation. Date of
(State or country) maryland	What test confirmed diagnosis?
15. MAIDEN NAME Tunknows on	23. If death was due to external causes (VIOLENCE) fill in also the following:
D 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Suman Soch	(Specify chystotown courty and State) Specify whether injury occurred in INDUSTRY, in HOME, or PARETO PLACE.
(Address) Vinter Mu	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Venton md Date July 30, 19 35	Nature of Injury
19. UNDERTAKER Dale Dashiell (Address) Parage Dashiell	24. Was disease or Injury In any way related to occupation of deceased?
1 1 20 - Mm 1 12 14	If so, specify (Signed)
20. FILED College 19.35 Registrar.	(Signed) M. D. (Address) Particular Character
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial acphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE OF	MARYLAND—CERTIFICATE OF	DEATH
Ŋ	1. PLACE OF DEATH	(131)	

75	پشو	6	10	11	
0	6	J	U	U	

county Somerset	Registration Dist. No. 270
56	dy No emorial Hospital St., Ward fdeath occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foraign birth? yrs. mos. ds.
2. FULL NAME Edward W Ross (2) Residence No Farm near Crisfield	
(a) Residence: No. Farm near Crisfield (Usual place of abode)	St., Ward. If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX M 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 1. OR DIVORCED (write the word)	21. DATE OF DEATH Month (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Mary Bailey	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) ? July 1882 7. AGE Years Months Days If LESS than	I last saw h alive on 2 , 19 35; death is said to have occurred on the date stated above, at 7 m.
about 53 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Dry Cleaner SAWYER, BOOKKEEPER, atc.	acuts Die of Kent. hw 15
kind of work done, as SPINNER, Dry Cleaner SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 1935 11. Total time (years) 9 this occupation (month and	mence, o
10. Date deceased last worked at 1935 11. Total time (years) 9 3 15. Total time (years) 9 15. Total time (years) 9 15. Total	/rs
12. BIRTHPLACE (city or town) Somerset County (State or country) Md	Other Contributory Causes of Importance: Character Sent reglines
13. NAME John T Ross	The same of the sa
13. NAME JOHN T ROSS Somerset County 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of
15. MAIDEN NAME Emma Dashiell Somerset County	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 19.
16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT M. T. ROSS Crisfield Md	Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL SANFORD VA Date July 10 193	Manner of injury'Nature of injury
19. UNDERTAKER John a Bradshaw (Address) Crustill	24. Was disease or injury in any way related to occupation of deceased?
20. FILED guly 10, 19 75 6 Eballing Registrar.	(Signed) Lunge Cullum M. D. (Address) Massey Sud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

RGIN RESERVED

V. S. No. 1

L PLACE OF DEATH	CERTIFICATE OF DEATH 07961
County	Registration Dist, No. 2 6 0
Village or City.	NoSt., War
Length of residence in city or town where death occurredyrs,mo	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosd
X W. The F	Towns and the state of the stat
2. FULL NAME O MAS (OCC.	- Summy
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Z July 29 . 193 J
II married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
(OF) WIFE OF	19 , to 19
DATE OF BIRTH (month, day, and year) 79. 1831	I last saw h alive on 19 ; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
O G I day. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Burn dod Date of one
A Industry or business in which	Physical
work was done, as SILK MILL, SAW MILL, BANK, etc	(Qualing both
10. Date deceased last worked at this occupation (month and year)	
Sua la d	Other Contributory Causes of importance:
BIRTHPLACE (city or town) (State or country)	
13, NAME Harry B. Levens	-
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Lally P. tood	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
AC DIDYUDI SOF CITIZEN SOF	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16, BIRTHPLACE (city or town). (State or country)	Where did injury occur?
INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURTAC SEMATION, OR REMOVAL	Manner of injury
Jewand Type act, 19	Nature of injury
IMPOSTANCE	24. Was disease or injury in any wall related to occupation of decreased
UNOERTAKER (Address)	If so, specify
FILEO Ouly 29, 35 1 Dmitt	(Signed) Sherring 1. The M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related tauses of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUC 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RIJOFAII V S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Samersch	Registration Dist. No. 268
Village or City Deals Inland mo	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME form It. Itelester	If U.S. Veteran specify WAR
(a) Residence: No. Deals Orland (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 8 1935
5a. 11 martiad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Vata Webster	22. HEREBY CERTIFY, That I attended deceased from
0 " 1 2 2 2	19.38, to July 5, 19.38
6. DATE OF BIRTH (month, day, and year) WWW 21-(83)	I last sow h
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date states above, al. 6 P. Im.
/8 3 // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, work done, as SPINNER, work done, as SPINNER, work done as SPINNE	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occuration (month and	andio rendivorda
work was done, as SILK MILL, SAW MILL, BANK, etc.	- washicalions
10. Date deceased last worked et this occupation (month and spant in this	
this occupation (month and spant in this occupation	
12, BIRTHPLACE (city or town) Deals Island	Other Contributory Causes of importance:
(State or country) mud	
13. NAME James S. Nelester	
13. NAME Jame S. Stebster 14. BIRTHPLACE (city or town) Dealo Island	Name of operation Date of
(State or country)	What test confirmed diagnosis?
I 15. MAIDEN NAME Clarisa Hebster	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Tolarisa Hebster 16. BIRTHPLACE (city or town) Deals Island	Accident, suicide, or homicide? Date of injury 19
State or country)	Where did injury occur?
la lang la te	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) L.P. Callo	openity which injury occurred in the outer, in home, of in robelly reads,
18. BURIAL, CREMATION, OR-REMOYAL	Manner of injury
Place Deals Islde Date July 10, 1925	Nature of injury
pred 9 th batis	24. Was disease or injury in any way related to occupation of decoased?
19. UNDERTAKER TOLLA CADA CADA CADA CADA CADA CADA CADA C	If so, specify
	(Signed) Di Di Quelo M. [
20. FILED 2014 (U., 1935 AZOTA, Viela Registrar.	(Address) Deal Alan & M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	77.71
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 2 2 205	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUDEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE

item of infor-	should state	of OCCUPA-	
T RECORD. Every	Y. PHYSICIANS	Exact statement	
IS A PERMANEN	stated EXACTI	properly classified.	ertificate.
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECURD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
-WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in plai	TION is very important. S

1. PLACE OF DEATH	93-0
County Somerset	Registration Dist. No. 264
	NoSt.,War If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos,d
2. FULL NAME Anna Aty (e):111	a ms
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LUIS 12 (A 1935— (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased fro
(or) WIFE of Joseph 71. Williams	July 400 1935 to July 124 1935
5. DATE OF BIRTH (month, day, and year) April 186	I last saw on alive on July 1044, 1935; death is sai
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
71 3 2 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular	Date of one
kind of work done, as SPINNER, House wite	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his securation (month and	Tilgocarditis 1930
10. Date deceased last worked at 11. Total time (years)	·
this occupation (month and spent in this occupation	
DIPTURY ACT (illustration) Clean	Other Contributory Causes of Importance:
(State or country)	Rypostatic Pneumonia June
	1938
13. NAME TOPPIS POPLE 14. BIRTHPLACE (city or town) Queldnown	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy? C.
15. MAIDEN NAME 19 . becca Black	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 17 becca Black 16. BIRTHPLACE (city or town) Hruitland.	Accident, suicide, or homicide? Date of injury19
(State or country) Wanulous	Where did injury occur?
17. INFORMANT I Komes Bl. wieciam	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Upper Idill, TIB	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Up of our mount Date My 14, 1935	Nature of injury
19. UNDERTAKER Graham Waters	24. Was disease or injury in any way related to occupation of deceased?
(Address) Whiter All	If so, specify
20. FILED Suly /3 1835 / EDickinson	(Signed) Oldon Z. aldomaw M.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	name and a second	Example II	- Tantonia Pico
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Auc 3 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?____ Length of residence In,city Ward (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of .. to ... 6. DATE OF BIRTH (month, day, and year) Months Days If LESS than proper to have occurred on the date stated above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance. or ____ min. Date of onset 8. Trade, profession, or particular NO O kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc ... CCUPAT may back Industry or business In which should work was done, as SILK MILL SAW MILL, BANK, etc Date deceesed last worked at 11. Total time (yeers) this occupation (month and spent in this that occupation : Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (Stete or country) supplied terms. 13. NAME HE FAT See Name of operation. 14. BIRTHPLACE (city or town) ain (State or country) What test confirmed diagnosis? Was there an autopsy? carefully d MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following in Accident, suicide, or homicide: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... ecify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT should OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE Com House Date 28 1934 mation LION 19. UNDERTAKER (Address If so, specify PA 20. FILED Registrar. (Address) If more Junks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

RGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
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